BULLETIN
AMERICAN COLLEGE of SURGEONS

VOL. VII JANUARY, 1923 NO. 1

HOSPITAL STANDARDIZATION SERIES

GENERAL HOSPITALS OF 50 OR MORE BEDS

REPORT FOR 1922

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40 EAST ERIE STREET :: :: CHICAGO

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CONTENTS

HOSPITAL STANDARDIZATION

A HIGH ideal of hospital service, a vision of community responsibility, a method by which this responsibility can be met efficiently day by day — this is Hospital Standardization. The following pages contain a report for 1922 of the progress of this movement — that of giving to the public the best service known to the science of medicine. It stands as a tribute to the idealism and the service of the combined medical and hospital professions.

For the past decade, American hospitals have been passing through a state of change. The development of modern surgery and medicine, the advancement in diagnostic procedure, the forward strides of pathology and roentgenology, made severe and confusing demands upon hospitals. In addition, medical men, hospital executives, and public health officials began to conceive of the hospital in a new light; that of an institution which centralizes in itself every department of modern medicine; which makes itself not only the clearing house for treatment, but also the headquarters for community health activities. Some such conception came to the minds of medical men and hospital executives, who were striving to give their communities the best in modern medicine. And this widening of responsibility was altogether natural. Hospitals, founded on a basis of service, had as their dominant motive the inherent desire to improve this service and to extend it to the entire community. The standardization program of the American College of Surgeons became the medium through which these ideals of the hospitals found adequate expression. It proposed a program of hospital service which voiced the needs and the ideals of hospitals themselves. Small wonder, then, that such a program has been adopted so rapidly. The soil had been prepared, the minimum standard was the seed, and better hospital service was the fruit thereof.

Hospitals ten years ago, as today, varied in size and scope from the clinical teaching organization of the large cities to the tiny hospital often owned and operated by a pioneer surgeon in an outlying town. Could every hospital irrespective of size and financial condition offer reliable, honest service to its patients? Were there any fundamentals for hospitals applicable to every type of institution found in the American continent?

The determination of these fundamentals and their practical application clearly constituted the first step toward improvement. By correspondence and by actual visits to hospitals, the leading medical and hospital minds of America attacked this problem.

These men were not idle theorists — rather they were successful medical men of broad vision and hospital executives who were coping with actual conditions day by day. After careful consideration they elaborated four fundamentals without which no institution is worthy of the name of hospital. Later these fundamentals became known as the Minimum Standard for hospital service, and under the leadership of the American College of Surgeons this standard has been adopted by the majority of hospitals of the United States and Canada.

The success of this movement is one of the most fascinating stories in the annals of American medicine.

ORIGIN OF THE PROGRAM

Soon after its organization, the American College of Surgeons felt the urgent need of improving hospital records, as applicants for admission to the College were required to submit as a part of their examination one hundred case records of major operations. These records were so incomplete and fragmentary in many instances that the College became thoroughly convinced of the necessity for a wide-spread campaign to improve them. This was the initial germ causing the hospital standardization movement; as it developed, other factors in hospital betterment presented themselves, such as the need for more adequate laboratory service and more efficient staff organization. Accordingly, hospital superintendents, members of boards of trustees, and physicians of national repute were consulted in the endeavor to determine the best plan for instituting the necessary improvements.

Although, in general, the hospitals of the United States and Canada were very commendable institutions, no far-seeing individual could deny the existence of certain weaknesses which needed correction. It was decided in 1918, therefore, to send out questionnaires to all general hospitals in order to obtain complete information concerning the existing status of the following

fundamentals: the type of staff organization, the extent to which hospital results were analyzed, the abolition of the practice of fee-division, the status of the case records, and the extent of the laboratory service. Replies to these questionnaires strengthened the growing conviction of the College that a personal survey of hospitals was imperative.

Next, a standard was needed upon which to base the survey, and leading authorities in the medical and hospital world were consulted further with this end in view. It was decided that the standard should be confined to the fundamentals which would insure the best hospital service; that it should be broad enough to be applicable to all general hospitals, and still detailed enough to avoid misinterpretation of the principles involved.

The hospital staff quite naturally was selected as the first essential to be considered in the standard. As a man often may be judged by the company he keeps, so also may a hospital be judged by the character and ability of its staff members. Restriction of staff membership to the ethical and competent, therefore, was admittedly necessary in order for a hospital to live up to its community trust. The necessity for some definite type of staff organization was mentioned because organization leads to efficiency, and lack of efficiency is inexcusable where human lives are concerned. The practice of fee-division was denounced as being absolutely incompatible with honest hospital and medical care; physicians buying and selling patients should have no place on a reputable hospital staff. Hospitals were urged to adopt a constitution and by-laws with specific reference to professional care, the keeping of records, and the attendance at staff meetings, because most hospital constitutions included no mention of such important essentials. Above all, the fundamental importance of regular staff conferences to analyze hospital results was especially emphasized. Failure to hold such meetings, besides being the chief reason for staff disharmony, was responsible for the lack of realizing the full benefit from the hospital's vast clinical experience.

The basic importance, also, of complete case records needed strong emphasis. Realizing that the majority of physicians kept relatively meagre office records, the hospital was considered the logical repository for the medical records of the community. It was a regrettable fact that many hospitals could furnish little evidence as to the amount of study made of each patient before treatment. From an economic standpoint alone, the value of the procedures carried on in the hospital was too great to permit of their being lost by failure of being recorded.

The rapid strides made by clinical and X-ray laboratories called for a more complete use of these important departments. There was a general deficiency in the quantity and variety of laboratory tests performed in hospitals. The operating room and pathological laboratory needed a closer correlation; each patient was entitled to more routine laboratory service.

With these considerations in view, the minimum standard was evolved in 1919. Whether it has stood the test of time is best answered by the fact that it has not been modified since its inception.

THE MINIMUM STANDARD

1. That physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is "open" or "closed," nor need it affect the various existing types of staff organization. The word *staff* is here defined as the group of doctors who practice in the hospital inclusive of all groups such as the "regular staff," the "visiting staff," and the "associate staff."

2. That membership upon the staff be restricted to physicians and surgeons who are (a) competent in their respective fields and (b) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatever, be prohibited.

3. That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital; that these rules, regulations, and policies specifically provide:

   a. That staff meetings be held at least once each month. (In large hospitals the departments may choose to meet separately.)

   b. That the staff review and analyze at regular intervals the clinical experience of the staff in the various departments of the hospital, such as medicine, surgery, and obstetrics; the clinical records of patients, free and pay, to be the basis for such review and analysis.

4. That accurate and complete case records be written for all patients and filed in an accessible manner in the hospital, a complete case record being one, except in an emergency, which includes the personal history; the physical examination,

with clinical, pathological, and X-ray findings when indicated; the working diagnosis; the treatment, medical and surgical; the medical progress; the condition on discharge with final diagnosis; and, in case of death, the autopsy findings when available.

5. That clinical laboratory facilities be available for the study, diagnosis, and treatment of patients, these facilities to include at least chemical, bacteriological, serological, histological, radiographic, and fluoroscopic service in charge of trained technicians.

Designed as a universal, as well as a minimum standard, it must be restricted to the basic principles underlying the best hospital service. There are many variable factors such as size, type, and location, which influence a hospital's procedure in carrying out certain policies. To meet these varying conditions, the standard omits any detailed description of how its principles should be enacted. It leaves this for each hospital to decide in accordance with local needs. Where there are several equally efficient means to an end, dogmatism in insisting upon one method hampers hospital initiative. This limitation to fundamentals, and avoidance of unnecessary detail, gives the standard sufficient elasticity to meet varying situations. The viewpoint of the College looks toward certain end-results, rather than upon specific methods to be used in securing such results.

The College recognizes the importance of many features not mentioned in its standard; these lack, however, sufficient uniformity in various hospitals, states, and provinces to warrant an equitable basis for comparison and rating. The published report of approved hospitals must be just. And the more complicated the standard, the greater will be the likelihood of error in selecting the list of institutions meeting it. It is believed, furthermore, that in the careful observance of all principles of this standard, various unmentioned features will be cared for automatically.

THE HOSPITAL STAFF

The first consideration in the minimum standard, and rightly so, is the hospital staff. It is unfortunately true that organization in hospital effort has not advanced to a degree comparable with its development in other technical lines. Surely there is no excuse for the human repair shop — the hospital — to fall behind in organization, always all important in promoting the highest efficiency. Responsibility for the various activities of the hospital must be centered in certain committees or individuals. The program for the staff meetings, the case records, the laboratory service, the nursing care, and the interne service, are but a few of the important activities, the responsibility for which should be centralized.

As the strength of a chain varies with its individual links, so the status of a hospital rises and falls with the strength or weakness of its component staff members. Restriction of hospital privileges to the ethical and competent, therefore, is essential.

The goal of the organized staff, and indeed the aim of the standardization program, is the analysis of the hospital's results. As expressed by Mr. John G. Bowman, "the staff meeting is the pivot upon which the success or failure of hospital standardization turns." It is the medium, through which this entire campaign finds expression. Without it, a hospital's efforts to a large degree fail.

The form of this analysis varies according to the type of organization. Whether combined staff meetings or departmental conferences are held is immaterial, so long as all the special activities of the hospital are represented.

The staff conference, perhaps more than any other factor, has improved the tone of hospital service during the past few years. It is the feeling of the College that these meetings should be devoted largely to a discussion of the so-called casualties, including deaths, infections, complications, and unimproved cases. Occasional hospitals still adhere to the belief that such meetings violate the confidential relationship existing between the physician and his patient. One naturally assumes that all the physicians present in a given staff meeting are ethical and competent; if not, they have no place on the hospital staff. Granting this assumption, all that occurs in this meeting is held in strict confidence by each physician present. The names of the patients are not divulged during the conference. The discussion is impersonal, being an analysis of a clinical event, and the relationship of that event to the hospital. Even if the patient's name be known to a few, it should have no bearing subsequent to the meeting.

The Analysis Sheet, illustrated on page 11, serves as a convenient means of presenting a summary of the hospital's results before the monthly conference. At this meeting it is customary either to give each member a copy of this sheet or to list all the data on a blackboard. In the compilation of these data, a careful scrutiny of the records by the historian and the record and program committees is essential. By making a daily review of the records of the discharged patients, it is a sim-

ple matter to compile the summary for the month. It is advisable to include similar data covering all the activities of the hospital as, for example, a statistical report of the laboratory service for each month.

Experiences encountered in hospital practice perhaps exceed in value those occurring in any other line of endeavor, and their true value is not approached, unless they are portrayed in the staff conference. The confidential relationship between the physician and his patient is not violated; it is elevated to the much broader conception of a confidence reposed in a frank, co-operative group of fellow practitioners — the hospital staff.

LABORATORIES

One of the great advances in modern medicine has been in the direction of laboratory aid in diagnosis. Indeed, this constitutes one of the greatest distinctions between the practice of medicine today and that of our forefathers. Hospitals owe their patients the benefits of this advance in medical science. The laboratory in no sense, however, should be considered as a short-cut to diagnosis, supplanting the careful taking of a history and a painstaking physical examination. Combined with the latter, however, it furnishes an invaluable means of assistance, often making clear an otherwise obscure diagnosis.

The necessity, then, for making careful arrangements for adequate laboratory service, needs no argument. As a minimum, hospitals should have facilities for the examination of urine, blood, exudates, bacteriological slides, and for the growth of cultures. It may be impractical, however, for some hospitals to have equipment for the more technical examinations, such as serological and histological tests. Arrangements must be made with a reliable laboratory for accurate and prompt service for these more detailed examinations. Where material has to be sent outside of the hospital, there is an unfortunate tendency to reduce the number of specimens sent. As a result, laboratory service suffers. Unfortunately, the number of qualified pathologists and serologists is too small to supply each hospital individually, and as inaccurate laboratory reports are worse than none, the only recourse at the present time is the practice of sending certain specimens to adjacent laboratories.

To help obviate this difficulty it is customary to employ technicians. Adequate provision for their supervision, however, is often neglected. If a pathologist is not available, some staff member versed in laboratory work, should be selected for this purpose.

Even in hospitals with complete laboratory facilities, one frequently finds laboratory service markedly deficient, due to the insufficient quantity of tests performed, especially for private patients. This is largely due to two causes: first, the system of charging an individual fee for each test performed; and second, to the apathy of many staff members toward the laboratory. It cannot be too strongly emphasized that almost without exception, hospitals which charge individual fees for their laboratory tests, perform a relatively small number of tests per patient. Under such conditions, naturally, the hospital cannot assume a definite routine of laboratory service, as an immediate objection to the cost would be raised. The only solution apparent at the present time is the adoption of a flat-rate fee. This allows the hospital, and rightly, to assume the responsibility of having each patient receive adequate laboratory aid. The uniform success of this plan has been proved in so many instances, that it can be accepted as an established fact.

The installation of X-ray equipment has proceeded so rapidly that the supply of roentgenologists can scarcely meet the demand. Although technicians may become proficient in many phases of the work, the problem of adequate roentgenological interpretation is more difficult to meet. Each X-ray department should have a qualified roentgenologist in charge, if only in a part-time, supervisory capacity. Patients, in general, do not receive uniformly competent service if interpretations are relegated to individual physicians.

The College makes no specific recommendations concerning the number of routine laboratory examinations to be employed by hospitals. A routine urinalysis, of course, is performed in the majority of hospitals. Many perform a routine hæmoglobin determination and leucocyte count also—a practice to be strongly recommended. Some hospitals have a routine Wassermann test in certain wards or services. Fortunately, the practice of having a routine examination of every tissue removed in the operating room is becoming quite prevalent. This is a factor of paramount importance. Every specimen from the operating room should be sent to the laboratory automatically; this should be as rigid a part of the operating room technique as the sterilization of instruments. Every specimen should be examined by the pathologist, who submits at least a gross report of his examination and has a histological examination made whenever possible. Data of tremendous scientific value are becoming available due to the practice of sectioning practically all specimens from the operating room. Furthermore,

this practice gives the hospital an insight into its operating room service that can be obtained in no other way.

CASE RECORDS

The absolute and fundamental importance of case records is a commonly acknowledged fact and needs no argument here. A careful study of the history of a patient's illness and a painstaking physical examination are procedures of such great importance that their value must be preserved. Failure to record these data, constitutes a tremendous economic loss and waste, to say nothing of the future bearing on the welfare and lives of the patients. How then, can the possession of a complete record system be facilitated? Its accomplishment requires the mutual co-operation of the hospital and its staff members.

The duties of the hospital in this connection consist, first of all, in supplying adequate personnel to secure the records. In the absence of internes, record clerks are essential. Even the small hospital is entitled to a full-time historian, although it is quite common for these historians to devote part of their time to other activities of the hospital. It is because the responsibilities and many duties of the historian are so little realized that so small an amount of time is allotted to her. With careful training she can record many of the essential points of the personal history; the physical examination records should be taken by dictation from the physicians. This relieves the staff members of considerable time and labor. In addition, the historian should keep close watch of the current records to see that they are recorded promptly; she notes whether the history, physical examination record, and working diagnosis are recorded before operations; she keeps in close touch with the progress notes, which explain the course of the patient's illness; and she checks over the records carefully to see that they are complete before filing.

An efficient record committee is a necessary adjunct to the historian's work. In this committee is vested the responsibility for the interpretation of the records. Other of its functions are a persuasive stimulation of the physicians to improve their records; a periodical review of the charts of the discharged patients; and the selection of the records to be analyzed at the staff conference.

Many hospitals fail to provide adequate space for the record department. For this purpose a room large enough to contain the records of many years should be set aside, adjacent to the hospital office. All plans for new hospitals should bear this important feature in mind. This department should contain standard filing cabinets and card indices for names and diseases; for each record must be immediately accessible. The cost of this equipment is slight in proportion to the value received; perhaps no expenditure is more warranted.

After supplying the equipment and personnel needed for a modern record department, the hospital can expect the physicians to insure the accuracy of the records. Although much of the time and labor in securing records can be borne by the hospital, the responsibility for the records themselves lies with the physicians. Unless constantly checked and supervised by the staff members, the records will contain many inaccuracies. In many small hospitals the physicians write all the records personally. Whether recorded by internes, historians, or dictated to clerks, however, the physicians should scrutinize the records closely and signify their approval in writing before the charts are filed. Physicians too often take no interest in the records of their patients written by internes; as a result, the records are frequently inaccurate and brief. Staff supervision is a great stimulus to internes, the character of whose work reflects the interest displayed in it by the staff members.

Personal study in over sixteen hundred hospitals during the past four years has shown a progressive improvement in the records. Certain prevalent shortcomings, however, are worthy of special emphasis. Extreme brevity is a common fault, coupled with a tendency to dismiss important regions of the body from consideration by too promiscuous use of the words "normal," or "negative." A tendency to a stereotyped form of history and physical examination record is encountered frequently. Such charts have little individuality or clinical value and result from two causes: failure to record the data until shortly before or after the patient's discharge; and from lack of supervision of the records by the hospital staff.

The importance of having the working diagnosis recorded early is insufficiently realized. This, in itself, will correct many existing difficulties in connection with other phases of the records. Operation records are almost universally weak in describing the exploratory findings and operative technique. The solution for this seems to be the dictation of these data during or immediately following each operation.

Case records are not to be filed and forgotten; if so, most of their potential value is lost. Inseparably linked with the staff conference, the records

form the only basis for a true analysis of a hospital's results. The depth of this analysis varies in direct proportion with the detail and completeness of the records. Many treasures are buried in hospital record rooms for lack of discovery and analysis. Unquestionably, one of the greatest future advances in hospitals will be in the direction of statistical, analytical research based on complete records.

THE DIVISION OF FEES

The division of fees, or fee-splitting, is the buying and selling of patients. The practice exists in various forms, but the most usual form is as follows: A general practitioner makes a diagnosis in which surgical interference is indicated. He then refers the patient to a surgeon for operation. The surgeon operates, collects a fee, and sends to the physician one-third or one-half of the fee, this last transaction being unknown to the patient. Sometimes the physician collects the fee "for the surgeon" and retains his percentage as agreed with the surgeon.

Sometimes the fee is divided with the explanation to the patient that the physician "assists the surgeon" or gives the anæsthetic. In many such instances the explanation is a subterfuge for fee-splitting. A competent surgeon usually has a regular assistant and an anæsthetist with whom he is accustomed to work, and is more able in this way to do good work than if he permits each referring doctor to assist him.

Undoubtedly the physician should be paid for the study and diagnosis of a surgical case. But he should be paid directly for this service by the patient. In the same way the surgeon should be paid directly by the patient. The surgeon can frequently be of service to the physician and to the patient by explaining to the patient the value of the study and diagnosis made by the physician. But the accounts of the physician and of the surgeon should not be confused or rendered to the patient as a single statement.

The evils of fee-splitting are, first, that it makes for incompetent surgery. The surgeon who is party to the practice gets his cases usually not upon the basis of merit but upon the basis of the percentage of fees collected that he will give to the practitioners. The more incompetent he is, as a rule, the larger a percentage of the fees he gives to his co-fee-splitters.

Second, fee-splitting makes for unnecessary surgical operations. Under the fee-splitting system, surgery becomes a commercial enterprise and not a professional service. Both the physician and the surgeon tend to make surgical diagnoses without adequate study, and the result is unnecessary surgery. Much of the unnecessary surgery of our present day is due directly to fee-splitting.

Third, fee-splitting, by introducing dishonesty into medical practice, lowers the entire medical profession in the estimate of the public. The fee-splitter, for example, says to his patient that he refers him to a most competent surgeon, when he knows well enough that if he, the physician, were to be operated upon, he would select another surgeon. Further, the fee-splitter usually poses before his patient as having received little or no fee for his services when, as a matter of fact, he has received a large fee indirectly from the patient. He holds such a fee really as a theft.

The great majority of physicians and surgeons are eager to put an end to all fee-splitting. They ask hospital trustees to help them in this matter by excluding fee-splitters from the privileges of practice in hospitals.

THE METHOD AND RESULTS OF THE SURVEYS

The hospital surveys of the College are *personal* surveys. Experience has shown that a study of hospital conditions through correspondence and questionnaires leads to many inaccuracies. The College surveys are conducted through a trained corps of hospital visitors, all of whom are graduates in medicine. The number of visitors employed in any year has never exceeded ten. Since the uniformity of a survey varies in inverse proportion with the number of men employed, by using relatively few visitors, all similarly trained, the College obtains strictly uniform reports. As an additional safeguard, each visitor covers a large number of states and provinces in order that he may obtain a general, rather than a local viewpoint of hospital conditions. This uniformity in the reports is an absolute essential to a just rating of hospitals. Upon such detailed personal surveys, the College is dependent for an accurate estimate of each hospital's status relative to the minimum standard. The visitor's card shown on page 10, indicates the manner in which the data are recorded.

The purpose of the visitors is to explain the minimum standard, to interpret its application to each hospital, and to offer constructive criticism and helpful suggestions to remedy any existing shortcomings. This campaign is one of suggestion only; there is no element of coercion entailed. It succeeds through the sanction and approval of the hospitals themselves.

Other organizations interested in hospital betterment have played a prominent rôle in ad-

vancing hospital standardization. The program of the College has been enhanced greatly by the endorsement of such organizations as the American Hospital Association, the American Conference on Hospital Service, the Canadian Medical Association, the Catholic Hospital Association, the Conference Board of Hospitals and Homes of the Methodist Church, the Medical and Surgical Section of the American Railway Association, the Methodist Hospital Association, the Protestant Hospital Association, and numerous state, provincial, and local organizations.

Internes and nurses are using the approved list of the College as a guide in the selection of institutions in which to pursue their training. The public is making increasing use of it as a means of determining which institutions offer safe and competent hospital care. Benevolent foundations employ it in deciding upon hospitals which are worthy of financial aid. The American Railway Association has recommended that all railroad employees, wherever possible, be treated in hospitals meeting the minimum standard. The United States Government, in its selection of hospitals for the treatment of its disabled veterans, utilizes the information furnished through the surveys and approved lists of the College.

Four annual surveys of the general hospitals in the United States and Canada have been made. Of the institutions having one hundred or more beds, 89 were found to meet the standard in 1918; in 1919, 198 fulfilled the requirements; in 1920, 407 or 57 per cent met the standard; in 1921 the number of approved hospitals grew to 579 or 76 per cent; and this year 677 or 83 per cent of the 812 hundred bed general hospitals are on the approved list.

Of the 811 general hospitals having a capacity of between fifty and one hundred beds, 342 or 42 per cent are approved, an excellent showing in view of the fact that previous lists published by the College have not included these smaller institutions.

Grouping together the 1623 general hospitals having fifty or more beds, there are at this date 1019 or 63 per cent meeting the requirements of the standard.

Although the College has been surveying the [illegible] advisable to withhold their publication on the approved list until sufficient time had elapsed [illegible] with the standardization program.

The smaller hospitals are under greater difficulties than the larger institutions. They [illegible] to be practically self-supporting; their [illegible] are more prone to develop personal rivalries which retard staff organization; it is difficult for them to obtain internes; and sufficient laboratory service is often a serious problem. In spite of these difficulties, however, the small hospitals have welcomed the minimum standard with the same spirit manifested by the large institutions. Indeed, it is in these small hospitals where the greatest change in hospital service has been manifested. It requires patience to establish a complete case record system; to organize a harmoniously functioning staff; and to arrange for adequate laboratory service. These small institutions are to be especially commended, therefore, on the excellent showing they have made.

In the United States and Canada there are 811 general hospitals having between fifty and one hundred beds. Of these, 342 or 42 per cent are on the approved list. This exceeds the percentage of hundred bed hospitals which met with approval at the time of the first survey.

The surveys of the College have demonstrated that the hospitals of this continent are receptive to any means of improving their service to the public. As the sphere of hospitals has widened, so have their responsibilities increased. Recognizing these ever deepening responsibilities and obligations, hospitals looked forward to a means of satisfying their broadened conception and ideals of community service. The minimum standard and the standardization program of the College furnished a concrete method by which these aspirations could be reached. The future will see the further elaboration of the principles of the minimum standard, and a fuller realization of the spirit embodied therein.

AMERICAN COLLEGE OF SURGEONS
CHICAGO

Address _____

Treatment or operation _____

Bacteriological _____

Head Lab. Technician: Trained ____Full-Time ____Part-Time ____
Records kept in lab.: Pathological ____ X-Ray ____

of deaths in last year _____

FORM OF REPORT USED BY THE COLLEGE HOSPITAL VISITORS

ANALYSIS OF HOSPITAL SERVICE

for month ending _____

DISCHARGED

DIAGNOSIS

INFECTIONS

CONSULTATIONS

DEATHS

AUTOPSIES

Stillborn

Total

NUMBER OF HOSPITALS MEETING THE MINIMUM STANDARD

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	Number	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Number	Approved	
[illegible]	[illegible]	Number	[illegible]	Number	Hospitals	Percentage	Hospitals	Number	Percentage
[illegible]	[illegible]	[illegible]	8	[illegible]	[illegible]	[illegible]	17	11	64.7
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0		3	1	33.3
[illegible]	[illegible]	[illegible]	[illegible]	5	[illegible]		13	9	69
California	44	30	68	24	[illegible]	25	68	30	44
[illegible]	[illegible]	[illegible]	[illegible]	4	[illegible]	50	17	11	64.7
[illegible]	[illegible]	[illegible]	[illegible]	8	1	12.5	23	13	56.5
[illegible]	[illegible]	1	[illegible]	2	1	50	3	2	66.6
District of Columbia	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	13	9	69
Florida	[illegible]	[illegible]	[illegible]	9	[illegible]	22.2	13	4	30.8
[illegible]	[illegible]	[illegible]	70	12	4	33.3	22	11	50
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	4	57	8	5	62.5
Illinois	[illegible]	1	[illegible]	[illegible]	16	30.8	115	56	48.7
[illegible]	[illegible]	1	75	17	9	53	33	21	63.6
[illegible]	15	[illegible]	[illegible]	21	11	52.4	36	24	66.6
Kansas	[illegible]	[illegible]	66.6	19	11	58	23	15	65
Kentucky	[illegible]	[illegible]	[illegible]	14	[illegible]	35.7	22	13	59
[illegible]	7	[illegible]	[illegible]	7	[illegible]	[illegible]	14	8	57
Maine	[illegible]	[illegible]	[illegible]	[illegible]	1	14.3	12	4	33.3
Maryland	[illegible]	[illegible]	[illegible]	11	[illegible]	45.5	33	10	70
Massachusetts	[illegible]	39	92.8	35	11	31.4	77	50	65
Michigan	[illegible]	[illegible]	[illegible]	[illegible]	9	42.8	44	32	72.7
Minnesota	24	[illegible]	100	11	6	54.5	35	30	85.7
[illegible]	[illegible]	[illegible]	[illegible]	7	[illegible]	0	11	1	9
Missouri	[illegible]	[illegible]	91.7	[illegible]	10	50	44	32	73
Montana	[illegible]	[illegible]	[illegible]	11	5	45.4	16	[illegible]	62.5
Nebraska	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	30	19	9	47.4
Nevada	0	[illegible]	[illegible]	[illegible]	1	50	[illegible]	1	50
New Hampshire	[illegible]	[illegible]	[illegible]	[illegible]	4	50	9	[illegible]	55.5
New Jersey	[illegible]	[illegible]	82.4	11	[illegible]	63.6	45	35	77.7
New Mexico	0	[illegible]	[illegible]	[illegible]	0	0	[illegible]	0	0
New York	[illegible]	[illegible]	84.4	77	34	44.2	180	121	67.3
[illegible]	4	4	[illegible]	16	9	56.2	20	13	65
North Dakota	[illegible]	5	[illegible]	4	[illegible]	50	9	7	77.7
[illegible]	37	35	94.6	35	25	71.4	72	60	83.3
Oklahoma	[illegible]	[illegible]	[illegible]	[illegible]	1	12.5	10	[illegible]	30
Oregon	4	4	[illegible]	11	3	27.3	13	7	46.6
Pennsylvania	[illegible]	[illegible]	80.4	71	30	42.2	154	104	67.5
Rhode Island	3	[illegible]	[illegible]	3	[illegible]	66.6	6	[illegible]	83.3
South Carolina	[illegible]	5	83.3	[illegible]	[illegible]	50	12	[illegible]	66.6
South Dakota	3	[illegible]	66.6	11	6	45.4	14	[illegible]	57
Tennessee	[illegible]	[illegible]	92	9	4	44.4	19	13	68.4
Texas	[illegible]	17	75	19	[illegible]	20.3	39	20	51.3
Utah	[illegible]	4	80	1	0	0	6	4	66.6
Vermont	1	1	100	[illegible]	[illegible]	60	6	4	66.6
Virginia	[illegible]	[illegible]	85.5	23	10	43.5	30	16	53.3
[illegible]	1	1	88	13	[illegible]	[illegible]	30	18	60
West Virginia	[illegible]	7	100	20	[illegible]	40	27	15	55.5
Wisconsin	[illegible]	10	71.7	24	13	54	46	29	63
Wyoming	0	[illegible]	[illegible]	6	1	16.6	6	1	16.6
Totals for United States	75	627	82	738	307	41.8	1400	933	62.5
Alberta	[illegible]	[illegible]	100	[illegible]	[illegible]	100	[illegible]	[illegible]	100
British Columbia	6	[illegible]	100	6	1	16.6	12	7	58.3
Manitoba	6	5	83.3	[illegible]	1	50	[illegible]	6	75
New Brunswick	1	1	100	8	7	87.5	9	[illegible]	90
Nova Scotia	[illegible]	[illegible]	100	7	6	85.7	10	9	90
Ontario	[illegible]	10	69.6	31	11	30	54	27	50
Prince Edward Island	0	[illegible]	[illegible]	[illegible]	[illegible]	66.6	3	[illegible]	66.6
Quebec	11	9	82	8	2	25	19	11	58
Saskatchewan	4	4	100	6	4	66.6	12	8	80
Totals for Canada	69	59	83.3	73	36	49.3	133	86	64.6
Grand Totals	[illegible]	677	83.3	811	342	42.2	1628	1019	62.7

[illegible]

[illegible]

The following list contains the names of those general hospitals of fifty or more beds, in the United States and Canada, which meet the minimum standard. In this list a certain number of the [illegible]. This group includes those hospitals which, when visited, had adopted the fundamental principles of the minimum standard, but which at that time had not developed all of them to a degree meriting the fullest approval. The hospitals listed without an asterisk have received the benefits of a longer experience in the workings of the program and consequently a broader conception of its application.

UNITED STATES

[illegible]

[illegible]

*[illegible]
Employees Hospital, T. C. I. & R. R. Co., Birmingham
Hillman Hospital, Birmingham
Mobile City Hospital, Mobile
*Norwood Hospital, Birmingham
*Providence Infirmary, Mobile
*St. Vincent's Hospital, Birmingham
South Highlands Infirmary, Birmingham

50 to 100 beds

*[illegible]
[illegible]
Vaughan Memorial Hospital, Selma

[illegible]

100 or more beds

*St. Joseph's Hospital, Phoenix

[illegible]

[illegible]

Logan H. Roots Memorial Hospital, Little Rock
St. Louis Southwestern Hospital, Texarkana
St. Vincent's Hospital, Little Rock
*Sparks Memorial Hospital, Fort Smith

[illegible]

Baptist State Hospital, Little Rock
*Leo N. Levi Memorial Hospital, Hot [illegible]
Michael Meagher Memorial Hospital, Texarkana
[illegible] Hospital, Jonesboro
St. Luke's Hospital and Annex, Little Rock

[illegible]

100 or more beds

Alameda County Hospital, San Leandro
Children's Hospital, [illegible]
Children's Hospital, San Francisco
*French Hospital, San Fran[illegible]
*Fresno County Hospital, Fresno
[illegible]
[illegible]
Lane Hospital, San Francisco
*[illegible]
[illegible]
[illegible]
[illegible]
*O'Connor Sanitarium, [illegible]
[illegible]
Provi[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
St. Vi[illegible]
San Diego Count[illegible]
[illegible]
*[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]rancisco
[illegible]

[illegible]

[illegible]
[illegible] Hospital, [illegible]
*Murphy Memori[illegible]
*Paradise Valley Sanitarium, Nat[illegible]
*[illegible]
*St. Francis Hospital, Santa Barbara

COLORADO

[illegible]

Children's Hospital, [illegible]
Glockner Sanator[illegible]
Mercy Hospital, Denver
Minnequa Hospital, [illegible]
[illegible]
St. Francis Hospital, Colora[illegible]
*[illegible]
*[illegible]
St. Mary's Hospital, Pueblo

[illegible]

*[illegible]
[illegible]
*[illegible]

[illegible]

[illegible]

[illegible]
[illegible]
[illegible]
[illegible]
*[illegible]
Lawrence and Memori[illegible]
don
[illegible]
[illegible]
[illegible]
[illegible]
*[illegible] Stamford
Waterbury Hospital, Waterbury

[illegible]

[illegible] Britain General Hospital, New Britain

[illegible]

[illegible] more beds

[illegible] Hospital, Wilmington

[illegible]

[illegible] Hospital, Washington
Garfield Memorial Hospital, Washington
[illegible] University Hospital, Washington
Providence Hospital, Washington
Washington Sanitarium and Hospital, Washington

FLORIDA

100 or more beds

[illegible] Hospital, Jacksonville
*St. Luke's Hospital, Jacksonville

[illegible]

Gordon Keller Memorial Hospital, Tampa
*Miami City Hospital, Miami

GEORGIA

100 or more beds

Davis-Fischer Sanatorium, Atlanta
Georgia Baptist Hospital, Atlanta
Grady Memorial Hospital, Atlanta
Harbin Hospital, Rome
Piedmont Sanatorium, Atlanta
*St. Joseph's Infirmary, Atlanta
University Hospital, Augusta

[illegible]

*Athens General Hospital, Athens
*Downey Hospital, Gainesville
[illegible]
Scottish Rite Hospital, Decatur

IDAHO

[illegible]

Pocatello General Hospital, Pocatello
*Providence Hospital, Wallace
St. Anthony's Hospital, Pocatello
*St. Luke's Hospital, Boise

ILLINOIS

100 or more beds

Alexian Brothers Hospital, Chicago
Augustana Hospital, Chicago
Chicago Lying-in Hospital, Chicago
Children's Memorial Hospital, Chicago
Columbus Hospital, Chicago
Cook County Hospital, Chicago
Evanston Hospital, Evanston
*Frances E. Willard Hospital, Chicago
Grant Hospital, Chicago
Hahnemann Hospital, Chicago
Hinsdale Sanatarium, Hinsdale
*Hospital of St. Anthony de Padua, Chicago
Illinois Central Hospital, Chicago
[illegible] Ophthalmic and Ear Infirmary, Chicago
*[illegible] View Hospital, Danville
[illegible] Deaconess Hospital, Chicago
Mercy Hospital, Chicago
Michael Reese Hospital, Chicago
Misericordia Hospital, Chicago
Mt. Sinai Hospital, Chicago
Presbyterian Hospital, Chicago
Rockford Hospital, Rockford
St. Anne's Hospital, Chicago
St. Bernard's Hospital, Chicago
St. Elizabeth's Hospital, Chicago
*St. Elizabeth's Hospital, Danville
St. Francis Hospital, Blue Island
St. Francis Hospital, Evanston
St. Francis Hospital, Peoria
St. Joseph's Hospital, Chicago
*St. Joseph's Hospital, Joliet
St. Luke's Hospital, Chicago
*St. Mary's Hospital, East St. Louis
St. Mary's Hospital, LaSalle
*St. Mary's Infirmary, Cairo
St. Mary of Nazareth Hospital, Chicago
South Shore Hospital, Chicago
Swedish Covenant Hospital, Chicago
University Hospital, Chicago
Washington Park Hospital, Chicago
Wesley Memorial Hospital, Chicago

50 to 100 beds

Garfield Park Hospital, Chicago
Huber Memorial Hospital, Pana
Illinois Masonic Hospital, Chicago
*Lake View Hospital, Chicago
*Lutheran Hospital, Moline
North Chicago Hospital, Chicago
Olney Sanitarium, Olney
Our Saviour's Hospital, Jacksonville
Passavant Memorial Hospital, Jacksonville
*Post-Graduate Hospital, Chicago
Provident Hospital, Chicago
Ravenswood Hospital, Chicago
St. Andrew's Hospital, Murphysboro
*St. Francis Hospital, Freeport
South Side Hospital, Chicago
Washington Boulevard Hospital, Chicago

INDIANA

100 or more beds

Fort Wayne Lutheran Hospital, Fort Wayne
Gary Hospital, Gary
Indianapolis City Hospital, Indianapolis
Methodist Episcopal Hospital, Indianapolis
Robert W. Long Hospital, Indianapolis
St. Anthony's Hospital, Terre Haute
St. Elizabeth's Hospital, LaFayette
St. Joseph's Hospital, Fort Wayne
St. Margaret's Hospital, Hammond
St. Mary's Hospital, Evansville
St. Mary's Mercy Hospital, Gary
St. Vincent's Hospital, Indianapolis

50 to 100 beds

Epworth Hospital, South Bend

*Hope Haven, Hospital, LaPorte
Lutheran Hospital, Fort Wayne
Methodist Hospital, Gary
*Protestant Deaconess Home and Hospital, Evansville
*Reid Memorial Hospital, Richmond
St. Joseph's Hospital, South Bend
Union Hospital, Terre Haute
Walker Hospital, Evansville

IOWA

Finley Hospital, Dubuque
Iowa Lutheran Hospital, Des Moines
Iowa Methodist Hospital, Des Moines
Jennie Edmundson Hospital, Council Bluffs
Mercy Hospital, Cedar Rapids
Mercy Hospital, Central Park
Mercy Hospital, Davenport
*Mercy Hospital, Des Moines
St. Francis Hospital, Waterloo
St. Joseph's Mercy Hospital, Davenport
St. Joseph's Mercy Hospital, Sioux City
St. Vincent's Hospital, Sioux City
University Hospital, Iowa City

*Iowa Congregational Hospital, Des Moines
*Iowa State College Hospital, Ames
Jane Lamb Memorial Hospital, Clinton
*Lutheran Hospital, Sioux City
*Ottumwa Hospital, Ottumwa
Park Hospital, Mason City
St. Joseph's Mercy Hospital, Clinton
St. Joseph's Mercy Hospital, Fort Dodge
St. Joseph's Mercy Hospital, Mason City
*St. Joseph's Mercy Hospital, Waverly
*Samaritan Hospital, Sioux City

KANSAS

Bethany Methodist Hospital, Kansas City
St. Francis Hospital, Wichita
St. Margaret's Hospital, Kansas City
*Wichita Hospital, Wichita

Axtell Hospital, Newton
Bell Memorial Hospital, Kansas City
Halstead Hospital, Halstead
Hutchinson Methodist Hospital, Hutchinson
*Mercy Hospital, Fort Scott
*Mt. Carmel Hospital, Pittsburg
Providence Hospital, Kansas City
St. Elizabeth's Hospital, Hutchinson
St. Francis Hospital, Topeka
St. John's Hospital, Salina
St. Joseph's Hospital, Concordia

KENTUCKY

Good Samaritan Hospital, Louisville
Louisville City Hospital, Louisville
Norton Memorial Hospital, Louisville
St. Anthony's Hospital, Louisville
St. Elizabeth's Hospital, Covington
SS. Elizabeth and Mary Hospital, Louisville
St. Joseph's Hospital, Lexington
St. Joseph's Infirmary, Louisville

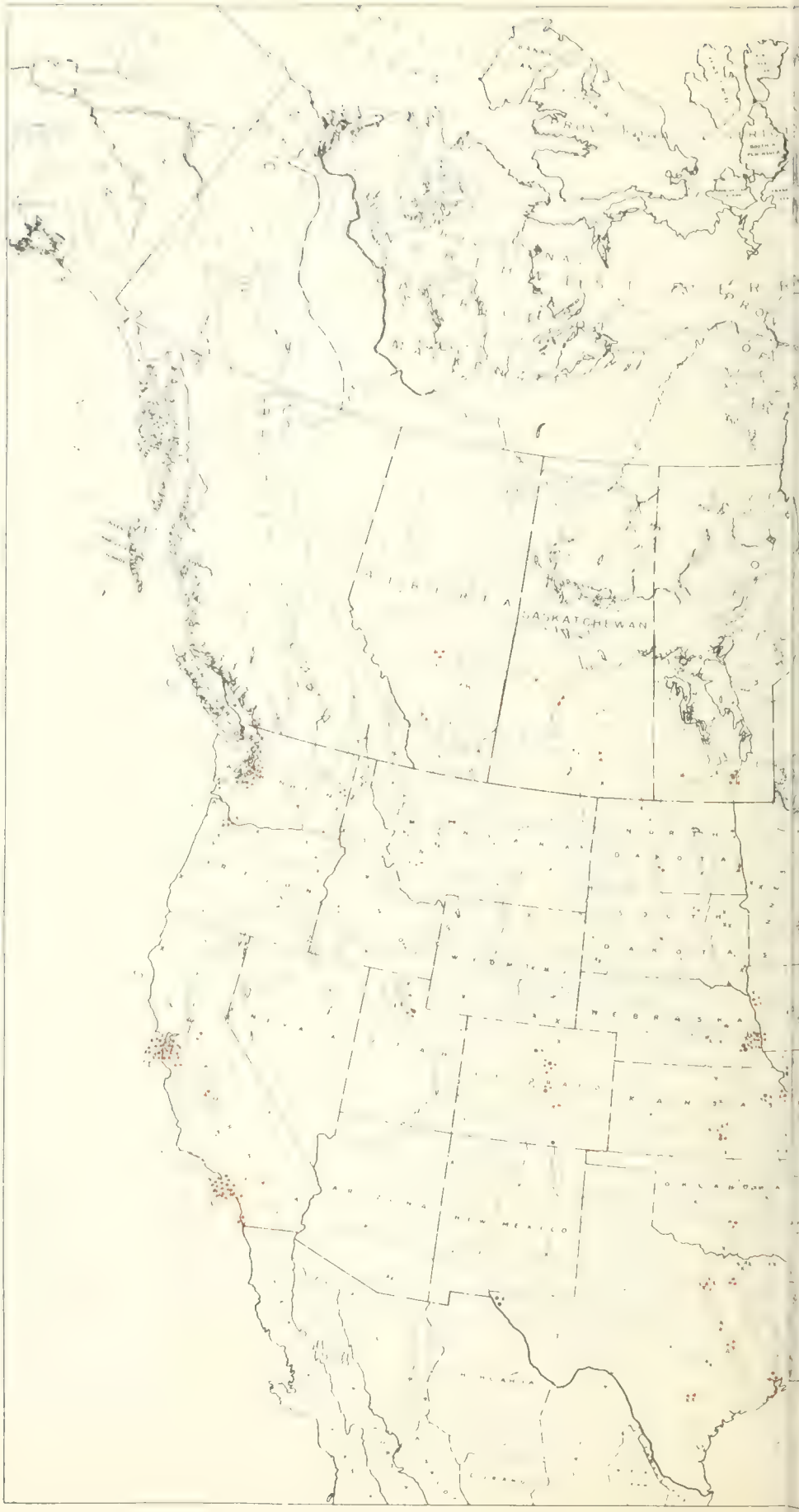
*Children's Hospital, Cincinnati
*Deaconess Hospital, Cincinnati
Illinois Central Hospital, Paducah
Rockford Hospital

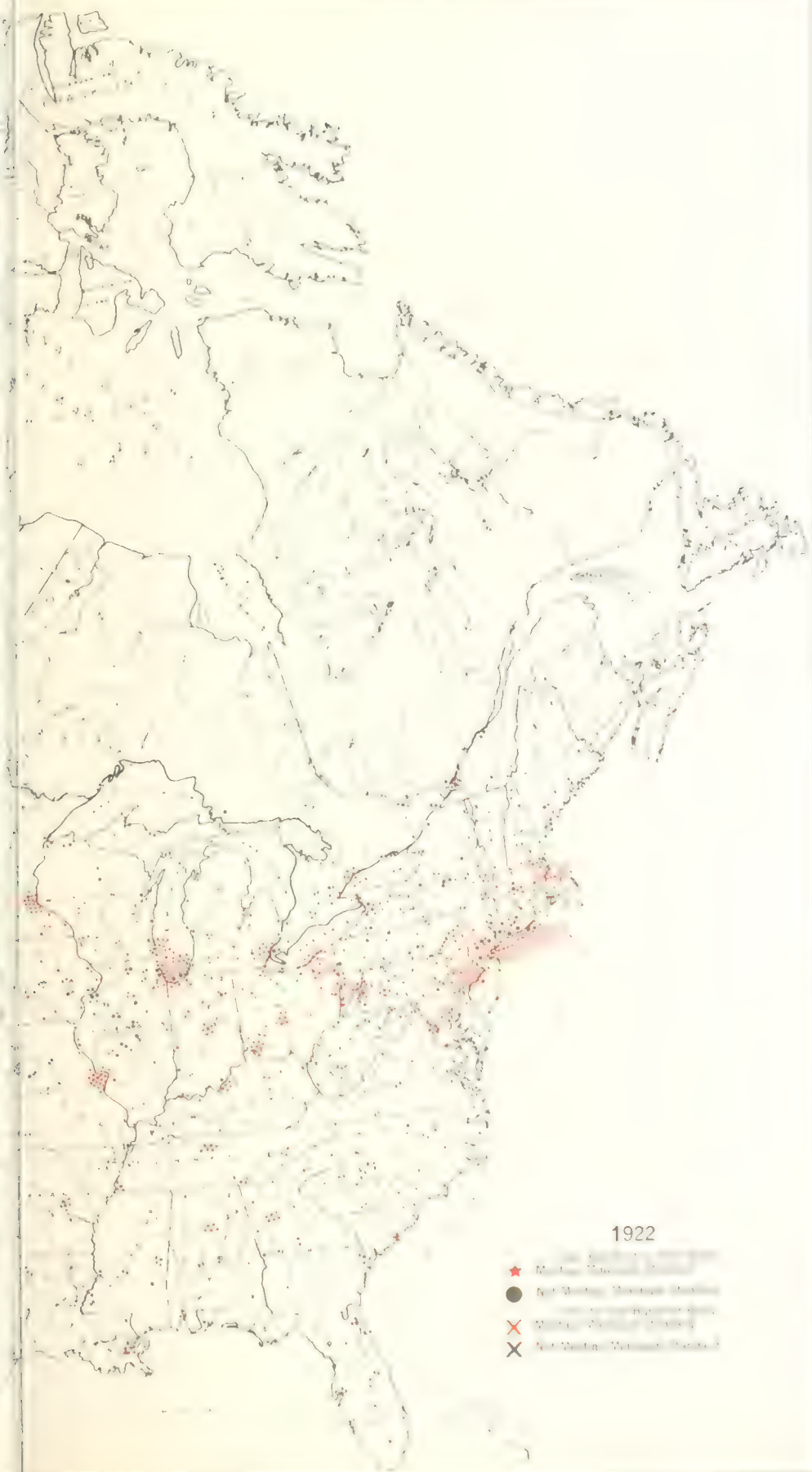
St. Francis Sanitarium, Peoria

MARYLAND

Hospital and Asylum, Baltimore
Johns Hopkins Hospital, Baltimore
Hospital, Baltimore
Hospital, Baltimore
Memorial Hospital, Baltimore
University Hospital, Baltimore

Boston City Hospital, Boston
Carney Hospital, Boston


ALBERTA
SASKATCHEWAN
NORTH DAKOTA
SOUTH DAKOTA
NEBRASKA
KANSAS
OKLAHOMA
NEW MEXICO


1922

[illegible] Hospital, Boston
[illegible]
[illegible]
*[illegible]al, Malden
[illegible], Eye Infirmary, Boston
[illegible] General Hospital, Boston
[illegible] Homeopathic Hospital, Boston
Memorial Hospital, Worcester
Mercy Hospital, Springfield
[illegible] Hospital for Women and Children, Boston
[illegible]
[illegible] Hospital, Westfield
Peter Bent Brigham Hospital, Boston
Providence Hospital, Holyoke
St. Elizabeth's Hospital, Boston
[illegible]
[illegible]
St. Vincent's Hospital, Worcester
Salem Hospital, Salem
Springfield Hospital, Springfield
[illegible] Hospital, Fall River
*Waltham Hospital, Waltham
Wesson Memorial Hospital, Springfield
Worcester City Hospital, Worcester

[illegible]
[illegible] Hospital, Boston
Boston Lying-in Hospital, Boston
Clinton Hospital, Clinton
Farren Memorial Hospital, Montague City
*Faulkner Hospital, Boston
[illegible] Hospital, Roxbury
House of the Good Samaritan, Boston
Infants' Hospital, Boston
[illegible] Hospital, North Adams
*Quincy City Hospital, Quincy
Truesdale Hospital, Fall River

MICHIGAN

100 or more beds

[illegible] Creek Sanitarium, Battle Creek
Blodgett Memorial Hospital, Grand Rapids
Butterworth Hospital, Grand Rapids
Children's Free Hospital, Detroit
Detroit Receiving Hospital, Detroit
[illegible] W. Sparrow Hospital, Lansing
*Evangelical Deaconess Hospital, Detroit
[illegible], Detroit
Hackley Hospital, Muskegon
[illegible] Hospital, Detroit
Henry Ford Hospital, Detroit
Highland Park General Hospital, Highland Park
House of Providence, Detroit
*Hurley Hospital, Flint
Mercy Hospital, Bay City
*Old Borgess Hospital, Kalamazoo
*Old Borgess Hospital, Kalamazoo
St. Joseph's Hospital, Ann Arbor
St. Mary's Hospital, Detroit
St. Mary's Hospital, Grand Rapids
University Hospital, Ann Arbor
W. A. Foote Memorial Hospital, Jackson
Woman's Hospital and Infants' Home, Detroit

50 to 100 beds

*Bronson Methodist Hospital, Kalamazoo
Detroit Eye, Ear, Nose, and Throat Hospital, Detroit
*Ehpening Hospital, Ehpening
Memorial Hospital, Owosso
Mercy Hospital, Jackson
*Nichols Memorial Hospital, Battle Creek
Saginaw General Hospital, Saginaw
St. Mary's Hospital, Saginaw
Samaritan Hospital, Detroit

MINNESOTA

100 or more beds

*Abbott Hospital, Minneapolis
Bethesda Hospital, St. Paul
*Charles T. Miller Hospital, St. Paul
City and County Hospital, St. Paul
Colonial Hospital, Rochester
Deaconess Hospital, Minneapolis
*Ethel Hospital, Minneapolis
Fairview Hospital, Minneapolis
Minneapolis General Hospital, Minneapolis
Minnesota State Hospital for Indigent Children, St. Paul
Mounds Park Sanitarium, St. Paul
Northern Pacific Beneficial Association Hospital, St Paul
Northwestern Hospital, Minneapolis
St. Barnabas Hospital, Minneapolis
St. Joseph's Hospital, St. Paul
*St. Luke's Hospital, Duluth
*St Luke's Hospital, St. Paul
St. Mary's Hospital, Duluth
St. Mary's Hospital, Minneapolis
St. Mary's Hospital, Rochester
St. Paul Hospital, St. Paul
Swedish Hospital, Minneapolis
University of Minnesota Hospital, Minneapolis
Worrell Hospital, Rochester

50 to 100 beds

Hill Crest Surgical Hospital, Minneapolis
*Immanuel Hospital, Mankato
*St. Gabriel's Hospital, Little Falls
St. John's Hospital, St. Paul
*St. Joseph's Hospital, Mankato
St. Raphael's Hospital, St. Cloud

MISSISSIPPI

100 or more bed

East Mississippi Charity Hospital, Meridian

MISSOURI

100 or more beds

[illegible] Brothers Hospital, St. Louis
Barnes Hospital, St. Louis
Children's Hospital, Kansas City
Christian Church Hospital, Kansas City
*Evangelical Deaconess Home and Hospital, St. Louis
Frisco Employees Hospital, St. Louis
*Grace Hospital, Kansas City
Jewish Hospital, St. Louis
Kansas City General Hospital, Kansas City
Lutheran Hospital, St. Louis
Missouri Baptist Sanitarium, St. Louis
Missouri Pacific Railroad Hospital, St. Louis
Research Hospital, Kansas City
St. Anthony's Hospital, St. Louis
St. John's Hospital, St. Louis
St. Joseph's Hospital, Kansas City
St. Louis Children's Hospital, St. Louis
St. Louis City Hospital, St. Louis

St. Louis Mullanphy Hospital, St
St. Luke's Hospital, St. L
St. M
St. M

Bethesda Hospital, St. Louis
*Frisco Employees Hospital, Springfield
*Parker Memorial Hospital, Columbia
*St.
St. Francis Hospital, Maryville
St. John's Hospital, Joplin
St. Luke's Hospital, K
St. M
Trinity Lutheran Hospital, Kansas City
University Hospital, Kansas City

Columbus Hospital, Great Falls
Murray Hospital, Butte
St.
*St. Patrick Hospital, Missoula

*Bozeman Deaconess Hospital, Bozeman
*Northern Pacific Beneficial Association Hospital, Missoula
*St. Ann's Hospital, Anaconda
*St Joseph's Hospital, Lewistown
St. Vincent's Hospital, Billings

Nebraska Methodist Episcopal Hospital
St. Elizabeth Hospital, Lincoln
St.
St. Joseph's Hospital, Omaha
St. Mary's Hospital, Columbus
University of N

*Immanuel Deaconess Hospital, Omaha
Presbyterian Hospital, Omaha
*Swedish Mission Hospital, Omaha

*Elko General Hospital, Elko

100 or more
St. Joseph's Hospital, Nashua

*Elliott Hospital, Manchester
*Hospital of Notre Dame, Manchester
Mary Hitchcock Memorial Hospital, Hanover
Nashua Memorial Hospital, N

Alexian Brothers Hospital, Elizabeth
Atlantic City Hospital, Atlantic City
Bayonne Hospital and Dispensary
Christ Hospital, Jersey City

Mountainside Hospital,
Newark
St. Francis Hospital, Jersey City
St.
*St. M

Nathan and Miriam Barnert Memorial
son
*St J

*Arnot-Ogden Memorial
Brown
Buffalo General Hospital, Buffalo
Buffalo Hospital
*Bushwick Hospital, Brooklyn
Childr
Clifton S
Community Hospital, New York

Ellis Hospital, Schenectady
n Hospital
French Benevolent
nd Hospita
Family Hospital, Brooklyn
my

[illegible]
[illegible] County Hospital, [illegible]
[illegible] Hospital, New York
[illegible] Hill Hospital, New York
[illegible] Hospital, New York
Long Island College Hospital, Brooklyn
[illegible] Day Nursery and Lying-in Hospital, New York
[illegible] Hospital, New York
[illegible] Memorial Hospital, Brooklyn
[illegible] Hospital, New York
Misericordia Hospital, New York
Montifiore Hospital, New York
Mt. St. Mary's Hospital, Niagara Falls
Mt. Sinai Hospital, New York
Mt. Vernon Hospital, Mt. Vernon
New York City Hospital, Blackwell's Island, New York
*New York Eye and Ear Infirmary, New York
New York Foundling Home, New York
New York Hospital, New York
New York Hospital for Ruptured and Crippled, New York
New York Infirmary for Women and Children, New York
New York Nursery and Children's Hospital, New York
New York Orthopedic Hospital, New York
New York Post-Graduate Hospital, New York
New York Skin and Cancer Hospital, New York
*New York State Hospital, West Haverstraw
Niagara Falls Memorial Hospital, Niagara Falls
Norwegian Lutheran Deaconess Hospital, Brooklyn
Oneida County Hospital, Rome
Presbyterian Hospital, New York
Rochester General Hospital, Rochester
Rochester Homeopathic Hospital, Rochester
Roosevelt Hospital, New York
St. Catherine's Hospital, Brooklyn
St. Francis Hospital, New York
St. John's Brooklyn Hospital, Brooklyn
St. John's Hospital, Long Island
St. John's Riverside Hospital, Yonkers
*St. Joseph's Hospital, Syracuse
St. Luke's Hospital, New York
St. Mark's Hospital, New York
St. Mary's Free Hospital for Children, New York
St. Mary's Hospital, Brooklyn
St. Mary's Hospital, Rochester
St. Peter's Hospital, Albany
St. Peter's Hospital, Brooklyn
St. Vincent's Hospital, New York
Samaritan Hospital, Troy
Sloane Hospital for Women, New York
Staten Island Hospital, Tompkinsville
Syracuse Memorial Hospital, Syracuse
Troy Hospital, Troy
Women's Hospital, New York
Wyckoff Heights Hospital, Brooklyn
Yonkers Homeopathic Hospital and Maternity, Yonkers

[illegible]

Anthony N. Brady Maternity Hospital, Albany
*Auburn City Hospital, Auburn
Babies Hospital, New York
Broad Street Hospital, Oneida
Columbus Extension Hospital, New York
Columbus Hospital, New York
Emergency Hospital of Sisters of Charity, Buffalo
Faxton Hospital, Utica
*Frederick Ferris Thompson Hospital, Canandaigua
*General Hospital, Syracuse
Geneva City Hospital, Geneva
Glens Falls Hospital, Glens Falls
*Harbor Hospital, Brooklyn
Jamaica Hospital, Jamaica
Jewish Maternity Hospital, New York
Knickerbocker Hospital, New York
Lawrence Hospital, Bronxville
Mary Immaculate Hospital, Jamaica
Mary McClellan Hospital, Cambridge
*Nassau Hospital, Mineola, Long Island
*Nathan Littauer Hospital, Gloversville
New Rochelle Hospital, New Rochelle
Ossining Hospital, Ossining
Park Avenue Clinical Hospital, Rochester
Peoples Hospital, New York
*Prospect Heights Hospital, Brooklyn
Reconstruction Hospital, New York
St. Bartholomew's Hospital, New York
St. Christopher's Hospital for Babies, Brooklyn
St. Vincent's Hospital, West New Brighton
Saratoga Hospital, Saratoga Springs
*Swedish Hospital, Brooklyn
*White Plains Hospital, White Plains
Williamsburg Hospital, Brooklyn

NORTH CAROLINA

100 or more beds

*James Walker Memorial Hospital, Wilmington
*Presbyterian Hospital, Charlotte
*St. Leo's Hospital, Greensboro
Watts Hospital, West Durham

50 to 100 beds

*Asheville Mission Hospital, Asheville
Atlantic Coast Lines Railroad Hospital, Rocky Mount
Burrus-McCain Hospital, Highpoint
City Memorial Hospital, Winston-Salem
Highsmith Hospital, Fayetteville
*Long's Sanitarium, Statesville
Park View Hospital, Rocky Mount
Rutherford Hospital, Rutherfordton
*Salisbury Hospital, Salisbury

NORTH DAKOTA

100 or more beds

Bismarck Evangelical Deaconess Hospital, Bismarck
*Grand Forks Deaconess Hospital, Grand Forks
St. Alexius Hospital, Bismarck
St. John's Hospital, Fargo
St. Luke's Hospital, Fargo

50 to 100 beds

*St. Joseph's Hospital, Minot
St. Michael's Hospital, Grand Forks

OHIO

100 or more beds

*Aultman Hospital, Canton
Bethesda Hospital, Cincinnati
Christ Hospital, Cincinnati
Cincinnati General Hospital, Cincinnati
City Hospital, Akron
Cleveland City Hospital, Cleveland
Good Samaritan Hospital, Cincinnati
Good Samaritan Hospital, Zanesville
Grant Hospital, Columbus
Hawkes Hospital of Mt. Carmel, Columbus
Huron Road Hospital, Cleveland
Jewish Hospital, Cincinnati
Lakeside Hospital, Cleveland
Lucas County Hospital, Toledo

Mercy Hospital, Hamilton
Mercy Hospital, Toledo
Miami Valley Hospital, Dayton
Mt. Sinai Hospital, Cleveland
*Peoples Hospital, Akron
Protestant Hospital, Columbus
St. Alexis Hospital, Cleveland
St. Elizabeth's Hospital, Dayton
St. Elizabeth's Hospital, Youngstown
St. Francis Hospital, Columbus
St. John's Hospital, Cleveland
*St. Joseph's Hospital, Lorain
St. Luke's Hospital, Cleveland
St. Mary's Hospital, Cincinnati
St. Rita's Hospital, Lima
St. Vincent's Hospital, Cleveland
St. Vincent's Hospital, Toledo
Springfield City Hospital, Springfield
Toledo Hospital, Toledo
University Homeopathic Hospital, Columbus
Youngstown Hospital, Youngstown

*Alliance City Hospital, Alliance
Bellaire City Hospital, Bellaire
Bethesda Hospital, Zanesville
Children's Hospital, Columbus
Children's Hospital and Mary Day Nursery, Akron
Deaconess Hospital, Cincinnati
*Fairview Park Hospital, Cleveland
Flower Hospital, Toledo
Glenville Hospital, Cleveland
*Good Samaritan Hospital, Sandusky
Lakewood Hospital, Cleveland
*Lima Hospital, Lima
Mansfield General Hospital, Mansfield
*Massillon City Hospital, Massillon
Maternity and Children's Hospital, Toledo
*Memorial Hospital, Fremont
Mercy Hospital, Canton
Mercy Hospital, Columbus
*Newark City Hospital, Newark
Robinwood Hospital, Toledo
St. Ann's Infant Asylum and Maternity Hospital, Cleveland
Salem Hospital, Salem
Scarlet Oaks Sanitarium, Cincinnati
Schirrman Hospital, Portsmouth
*Warren City Hospital, Warren

OKLAHOMA

100 or more beds

St. Anthony's Hospital, Oklahoma City
State University Hospital, Oklahoma City

50 to 100 bed

*Wesley Hospital, Oklahoma City

OREGON

100 or more beds

Emanuel Hospital, Portland
Good Samaritan Hospital, Portland
*Hot Lake Sanatorium, Hot Lake
St. Vincent's Hospital, Portland

50 to 100 beds

*Portland Sanitarium, Portland
Portland Surgical Hospital, Portland
*Sacred Heart Hospital, Medford

Allegheny General Hospital, Pittsburgh
Allentown Hospital, Allentown
Altoona Hospital, Altoona
Bryn Mawr Hospital, Bryn Mawr
Chester County Hospital, West Chester
Chester Hospital, Chester
Clearfield Hospital, Clearfield
Columbia Hospital, Pittsburgh
Conemaugh Valley Memorial Hospital, Johnstown
Easton Hospital, Easton
Elizabeth Steel Magee Hospital, Pittsburgh
Frankford Hospital, Philadelphia
Geisinger F. Geisinger Hospital, Danville
Germantown Dispensary and Hospital, Philadelphia
Hahnemann Hospital, Scranton
Hahnemann Medical and Surgical Hospital, Philadelphia
Harrisburg Hospital, Harrisburg
Homeopathic Medical and Surgical Hospital, Pittsburgh
Hospital of the Protestant Episcopal Church, Philadelphia
Hospital of the University of Pennsylvania, Philadelphia
Hospital of the Women's Medical College, Philadelphia
Jefferson Medical College Hospital, Philadelphia
Jewish Hospital, Philadelphia
Lancaster General Hospital, Lancaster
Lutheran Hospital, Philadelphia
McKeesport Hospital, McKeesport
Memorial Hospital, Philadelphia
Mercy Hospital, Johnstown
Mercy Hospital, Philadelphia
Mercy Hospital, Pittsburgh
Mercy Hospital, Wilkes-Barre
Methodist Episcopal Hospital, Philadelphia
Misericordia Hospital, Philadelphia
Mount Lebanon Hospital, Pittsburgh
Mt. Sinai Hospital, Philadelphia
Passavant Hospital, Pittsburgh
Pennsylvania Hospital, Philadelphia
Philadelphia General Hospital, Philadelphia
Philadelphia Polyclinic Hospital, Philadelphia
Pittsburgh Hospital, Pittsburgh
Pottsville Hospital, Pottsville
Presbyterian Hospital, Philadelphia
Presbyterian Hospital, Pittsburgh
Reading Hospital, Reading
Robert Packer Hospital, Sayre
Sacred Heart Hospital, Wilkes-Barre
St. Agnes Hospital, Philadelphia
St. Francis Hospital, Pittsburgh
St. John's General Hospital, Pittsburgh
St. Joseph's Hospital, Lancaster
St. Joseph's Hospital, Philadelphia
St. Joseph's Hospital, Pittsburgh
St. Joseph's Hospital, Reading
St. Luke's Hospital, South Bethlehem
St. Margaret's Hospital, Pittsburgh
St. Mary's Hospital, Philadelphia
St. Vincent's Hospital, Erie
Shenango Hospital, Pittsburgh
South Side Hospital, Pittsburgh
*State Hospital for Injured Persons, Ambulance
State Hospital for Medical Care, Farm Hospital

[illegible] Barre
Hospital, Philadelphia
n's Hospital, Philadelphia

Abington Memorial Hospital, Abington
[illegible]
[illegible]l, Bryn Mawr
Hospital, Carlisle
ut Hill Hospital, Philadelphia
Children's Hospital, Philadelphia
[illegible]
delphia
[illegible]
ean Hospital, Philadelphia
[illegible]al, Philadelphia
Indiana Hospital, Indiana
Blair Memorial Hospital, Huntingdon
*[illegible]sh Maternity Hospital, Philadelphia
[illegible]ph Price Memorial Hospital, Philadelphia
[illegible]
Montefiore Hospital, Pittsburgh
[illegible]thwestern General Hospital, Philadelphia
[illegible]
Palmerton Hospital, Palmerton
Philadelphia Lying-in Charity Hospital, Philadelphia
Preston Retreat Hospital, Philadelphia
*Providence Hospital, Beaver Falls
St. Christopher's Hospital for Children, Philadelphia
[illegible]ke's Homeopathic Hospital, Philadelphia
St. Vincent's Hospital for Women and Children, Philadelphia
*State Hospital of Nanticoke, Nanticoke
[illegible]son Hospital, Philadelphia
Suburban General Hospital, Bellevue
West Philadelphia Hospital for Women, Philadelphia

[illegible] ISLAND

100 or more beds

*Newport Hospital, Newport
Rhode Island Hospital, Providence
[illegible] Joseph's Hospital, Providence

[illegible]

Memorial Hospital, Pawtucket
Providence Lying-in Hospital, Providence

SOUTH CAROLINA

100 or more beds

Chick Springs Sanitarium, Chick Springs
*Columbia Hospital, Columbia
Florence Infirmary, Florence
*Greenville City Hospital, Greenville
Roper Hospital, Charleston

50 to 100 beds

*Anderson County Hospital, Anderson
Baker Sanatorium, Charleston
[illegible] Francis Xavier Infirmary, Charleston

SOUTH DAKOTA

100 or more beds

[illegible] Falls
St. Luke's Hospital, Aberdeen

50 to 100 beds

Lincoln Hospital, Aberdeen
Methodist State Hospital, Mitchell
*Moe Hospital, Sioux [illegible]
New Madison Hospital, Madison
*St. Joseph's Hospital, Deadwood
[illegible]

TENNESSEE

100 or more beds

Baptist Memorial Hospital, Memphis
Erlanger Hospital, Chattanooga
*George W. Hubbard Hospital, Nashville
*Knoxville General Hospital, Knoxville
Memphis General Hospital, Memphis
Nashville City Hospital, Nashville
St. Joseph's Hospital, Memphis
St. Thomas Hospital, Nashville
Vanderbilt University Hospital, Nashville

50 to 100 beds

Baird-Dulaney Hospital, Dyersburg
*Fort Sanders Hospital, Knoxville
Newell and Newell Sanitarium, Chattanooga
Women's Hospital of State of Tennessee, Nashville

TEXAS

100 or more beds

Baptist Hospital, Houston
Baylor Hospital, Dallas
Central Texas Baptist Sanitarium, Waco
Hotel Dieu, Beaumont
John Sealy Hospital, Galveston
Parkland Hospital, Dallas
Providence Sanitarium, Waco
Robert B. Green Memorial Hospital, San Antonio
St. Joseph's Infirmary, Fort Worth
St. Joseph's Infirmary, Houston
St. Mary's Infirmary, Galveston
St. Paul's Sanitarium, Dallas
Santa Rosa Infirmary, San Antonio
*Santa Fe Hospital, Temple
Scott and White Hospital, Temple

50 to 100 beds

All Saints Hospital, Fort Worth
Harris Sanitarium, Fort Worth
*Johnson and Beall's Hospital, Forth Worth
King's Daughters' Hospital, Temple
St. Joseph's Infirmary, Paris

[illegible]AH

100 or more beds

Dr. W. H. Groves Latter Day Saints Hospital, Salt Lake City
Holy Cross Hospital, Salt Lake City
St. Mark's Hospital, Salt Lake City
*Thomas D. Dee Memorial Hospital, Ogden

VERMONT

100 or more beds

Mary Fletcher Hospital, Burlington

[illegible] *to 100 beds*

Fanny Allen Hospital, Winooski
Heaton Hospital, Montpelier
*Rutland Hospital, Rutland

VIRGINIA

[illegible]

*Chesapeake and Ohio Hospital, [illegible]
Hospital Division of Medical College of Virginia, Richmond
Norfolk Protestant Hospital, Norfolk
St. Vincent's Hospital, Norfolk
Stuart Circle Hospital, Richmond
University of Virginia Hospital, Charlottesville

[illegible]

Elizabeth Buxton Hospital, Newport News
Jefferson Hospital, Roanoke
Johnston-Willis Sanitarium, Richmond
*King's Daughters' Hospital, Staunton
Lake View Hospital, Suffolk
Lewis-Gale Hospital, Roanoke
*Riverside Hospital, Newport News
St. Elizabeth's Hospital, Richmond
St. Luke's Hospital, Richmond
Sarah Leigh Hospital, Norfolk

WASHINGTON

[illegible] *or more beds*

Children's Orthopedic Hospital, Seattle
Columbus Sanitarium, Seattle
King County Hospital, Seattle
Maria Beard Deaconess Hospital, [illegible]
*Northern Pacific Hospital, Tacoma
Providence Hospital, Seattle
Sacred Heart Hospital, Spokane
St. Elizabeth's Hospital, North Yakima
St. Joseph's Hospital, Tacoma
St. Luke's Hospital, Spokane
St. Mary's Hospital, Walla Walla
Seattle City Hospital, Seattle
Seattle General Hospital, Seattle
Swedish Hospital, Seattle
Tacoma General Hospital, Tacoma

[illegible]

*Minor Hospital, Seattle
*St. Joseph's Hospital, Aberdeen
Virginia Mason Hospital, Seattle

WEST VIRGINIA

100 or more beds

Charleston General Hospital, Charleston
Kessler-Hatfield Hospital, Huntington
Ohio Valley Hospital, Wheeling
St. Mary's Hospital, Clarksburg
Sheltering Arms Hospital, [illegible]
*Welch Hospital No. 1, Welch
Wheeling Hospital, Wheeling

[illegible]

*Beckley Hospital, Beckley
*Bluefield Sanitarium, Bluefield
*Chesapeake and Ohio Hospital, Huntington
Coal Valley Hospital, Montgomery
Davis Memorial Hospital, Elkins
*Guthrie Hospital, Huntington
*McKendree Hospital No. [illegible], McKendree
*St. Luke's Hospital, Bluefield

[illegible]

St. Mary's and [illegible]
[illegible] Mary's Hospital, [illegible]
*St. Mary's Hospital, Superior
Trinity Hospital, [illegible]

[illegible]

Columbia Hospital, Milwaukee
[illegible]
[illegible] Family Hospital, [illegible]
[illegible] Hospital, Milwaukee
[illegible] Elizabeth's Hospital, Appleton
[illegible]
St. Mary's Hospital, [illegible]

[illegible]

[illegible]

CANADA

[illegible]

[illegible] Hospital, Medicine Hat

[illegible]

Provincial Royal Jubilee Hospital, [illegible]
[illegible] General Hospital, [illegible]

[illegible]

MANITOBA

50 to 100 beds

General Hospital, Brandon
Winnipeg General Hospital, Winnipeg

beds

NEW BRUNSWICK

100 or more beds

Hospital, St. John

*Chipman Memorial Hospital, St. Stephen
Hotel Dieu, Campbellton
Hotel Dieu, Chatham
Miramichi Hospital, Newcastle
Moncton Hospital, Moncton
St. John's Infirmary, St. John
Victoria Public Hospital, Fredericton

NOVA SCOTIA

100 or more beds

St. Joseph's Hospital, Glace Bay
Salvation Army Maternity Hospital, Halifax
Victoria General Hospital, Halifax

Aberdeen Hospital, New Glasgow
Children's Hospital, Halifax
*General Hospital, Glace Bay
*Halifax Infirmary, Halifax
Highland View Hospital, Amherst
*St. Martha's Hospital, Antigonish

ONTARIO

100 or more beds

Carleton County Protestant General Hospital, Ottawa
General Hospital, Kingston
General Hospital, Toronto
Grace Hospital, Toronto
Hamilton City Hospital, Hamilton
Hotel Dieu, Kingston
McKellar General Hospital, Ft. William
Ottawa General Hospital, Ottawa
St. Joseph's Hospital, Hamilton
*St. Joseph's Hospital, London
St. Joseph's Hospital, Port Arthur
St. Luke's Hospital, Ottawa
St. Michael's Hospital, Toronto
Sick Children's Hospital, Toronto
Victoria Hospital, London
*Western Hospital, Toronto

50 to 100 beds

*General Hospital, Brockville
*General Hospital, Sault Ste. Marie
Niagara Falls General Hospital, Niagara Falls
*Nicholls Hospital, Peterborough
*St. Francis Hospital, Smith's Falls
*St. Joseph's Hospital, Peterborough
*St. Vincent de Paul Hospital, Brockville
*Smith's Falls Public Hospital, Smith's Falls
*Welland County Hospital, Welland
Wellesley Hospital, Toronto
Women's College Hospital, Toronto

PRINCE EDWARD ISLAND

50 to 100 beds

Charlottetown Hospital, Charlottetown
Prince Edward Island Hospital, Charlottetown

QUEBEC

100 or more beds

Children's Memorial Hospital, Montreal
General de St. Vincent Hospital, Sherbrooke
Hotel Dieu, Montreal
Jeffery Hale's Hospital, Quebec
Montreal General Hospital, Montreal
Notre Dame Hospital, Montreal
Royal Victoria Hospital, Montreal
Sainte Justine Pour Les Enfants, Montreal
*Western Hospital, Montreal

50 to 100 beds

Montreal Maternity Hospital, Montreal
†Sherbrooke Hospital, Sherbrooke

SASKATCHEWAN

100 or more beds

Grey Nuns Hospital, Regina
Regina General Hospital, Regina
St. Paul's Hospital, Saskatoon
Saskatoon City Hospital, Saskatoon

50 to 100 beds

Holy Family Hospital, Prince Albert
*Notre Dame Hospital, North Battleford
*Prince Albert Municipal Hospital (Victoria Hospital), Prince Albert
Providence Hospital, Moose Jaw

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